Marie McInerney reported on the EquallyWell Symposium held in Melbourne on 28 – 29 March 2019, for the Croakey Conference News Service.

Croakey is a social journalism project for public health based in Australia. http://croakey.org
Contents

Physical health should be “routine care” in mental health, including in refugee camps ................................................................. 3

News from a growing global movement to improve physical health of people with mental illness ......................................................................................... 8

“How diverse collaboratives” are driving efforts to improve physical health of people with mental health conditions ......................................................... 20

Why the physical health of people with mental illness is a critical human rights issue ........................................................................................................ 28

Profiling diverse efforts to improve the physical health of people with mental illness ......................................................................................... 39

Watch these videos on improving physical health for people living with mental illness .......................................................................................... 48
Physical health should be “routine care” in mental health, including in refugee camps

The National Mental Health Commission launched the Equally Well initiative in Australia in 2017 to improve the quality of life of people living with mental illness by providing equal access to quality health care.

It aims to reduce the dramatic life expectancy gap between people living with a mental illness and the general population and where people with mental health issues often experience greater physical health challenges than the rest of the population but receive less care.

Efforts in Australia, New Zealand, and the United Kingdom to bridge that gap were showcased at the Equally Well symposium in Melbourne on 28-29 March.

In this preview story below, Marie McInerney reported on how the benefits of physical activity for people with mental health issues are likely to be as apparent for traumatised Rohingya refugees in Bangladesh as they are in Australian services for people with mental health issues.
Marie McInerney writes:

The world’s biggest refugee camp in Bangladesh may be the last place you would expect to find an Australian exercise scientist promoting sport.

But Dr Simon Rosenbaum has been visiting the Kutupalong camp as part of research, in partnership with the International Organisation of Migration, that is exploring the use of physical activity programs like football, cricket and dance to help deeply traumatised Rohingya refugees.

Hundreds of thousands of Rohingya are living in dire circumstances at the hastily assembled camp, in one of the world’s poorest nations, having fled escalating violence across the border in Myanmar.

“It’s one of the most distressing, horrible situations I’ve ever seen in my life – a million refugees living in a tiny camp,” Rosenbaum told Croakey after his return from Bangladesh on the weekend.

“But even in that context of mass displacement and the horrendous situation they are in, people still turn to sport.”

Rosenbaum is a UNSW Scientia and National Health and Medical Research Council Research Fellow and a Director of Exercise & Sports Science Australia.

He says physical activity is a potential lifeline for the Rohingya and other refugees scattered in makeshift settlements across the globe, displaced and distressed, often experiencing idleness and boredom as well as post traumatic stress disorder (PTSD).
As well, in these camps they end up eating higher levels of processed food, salt and sugar than their usual diets, which increases the risk of non-communicable diseases (NCDs), such as cardiovascular disease and strokes, as well as obesity and diabetes.

While their plight is extreme, it reflects a common story for people with mental health issues that Rosenbaum stumbled into after completing his degree in exercise physiology, when by chance he was offered work at a private psychiatric hospital in Sydney.

“I saw firsthand the benefits of activity for people with post traumatic stress disorder (PTSD) and was frustrated they couldn’t get access to funding for exercise services because the response was that there was no evidence to support it,” he said.

In 2014, for his PhD, he led a 12-week clinical trial with 81 people, mostly former soldiers and police officers, in residential treatment at St John of God Hospital in Richmond in Sydney.

Half the patients received usual care – a combination of group therapy, medication and psychotherapy. The others had a structured, individualised exercise program combining walking and strength-based exercises in addition to usual care.

The study found that those patients who received the exercise program showed greater improvements in symptoms of PTSD, depression, anxiety and stress compared to those who received usual care alone, and slept better.

They also lost weight and reported significantly more time walking and less time sitting, ultimately reducing their overall risk of developing heart disease, he said.

Rosenbaum says there is “much overlap” between that study and his continuing work in mental health services in Australia and his experiences working in Bangladesh and with Syrian refugees in Turkey.

The benefits of physical activity for people with mental health issues are, he says, many and varied, including “the opportunity to build self esteem, a sense of achievement, social interaction, an escape, optimism, hope, community and purpose, not to mention the physiological benefits as well for chronic mental and physical health”.

“It’s completely transcultural,” he said.

“It doesn’t matter if it’s a Rohingya refugee in a camp in Bangladesh or a person with psychosis in Sydney, they get the same benefits from exercise,” he said.

---

One of our biggest public health challenges

Rosenbaum was a speaker at the Equally Well national symposium in Melbourne to showcase efforts in Australia, New Zealand and the UK to improve the physical health of people living with mental illness.

According to the National Mental Health Commission, the interaction of mental illness with other chronic diseases is one of Australia’s biggest public health challenges.

A recent edition of the Mental Health Victoria and Community Mental Health Australia publication newparadigm was dedicated to the physical health concerns of people living with mental illness that “continue to go unrecognised, undiagnosed, and untreated.”
It outlined the grim statistics: almost four in every five people living with mental illness have a coexisting mortality-related physical illness, and people living with severe mental health issues have higher mortality rates than the general population with a notable life expectancy gap of between 10 and 20 years.

“Some estimates suggest that the lives of both men and women with serious mental illness are up to 30 per cent shorter than those of the general population and Australian research indicates that the gap is increasing rather than diminishing,” the Royal Australian and New Zealand College of Psychiatrists (RANZCP) says in a report on improving the physical health and life expectancy of people with serious mental illness.

The National Mental Health Commission has drawn up an Equally Well National Consensus Statement which draws on an original Equally Well model from New Zealand.

It has been backed by more than 70 groups across Australia, including health departments, state mental health commissions, medical colleges, carer and consumer organisations, Primary Health Networks (PHNs), peak bodies and community managed organisations.

The symposium sought to focus on the Statement’s six essential elements: Equipping and engaging consumers, promotion and prevention, equity of access, providing quality care, care coordination, and measuring progress.

“Your biceps don’t care about your diagnosis”

Rosenbaum said the message of his presentation for mental health services and professionals will be similar to the one he brings from Bangladesh, where there is pitifully little space or equipment for sport: that often the people who stand to benefit most from physical activity are the least likely to be able to access it.
“A homeless person with schizophrenia is not going to join a gym but that person stands to benefit so much, both physically and mentally, from having access to exercise, so the question is how do we provide the systems and structures that support that?” he said.

The answer, he says, is for access to dietary advice and physical activity to be embedded in routine care, to have mental health practitioners trained in diet and lifestyle issues, including for themselves, and for exercise physiologists, dietitians and physical therapists to be trained in mental health at an undergraduate level.

“It’s about having (physical) interventions integrated as part of routine care,” he said. “It’s not treating it as an add-on, if you have time, or that’s someone else’s responsibility.

“If you’re a patient, just as you’d expect access to a psychiatrist or psychologist, likewise you could expect access to physical health interventions, whether that’s through referrals for private practice, for inpatient settings or community mental health settings.”

There have been strong moves towards that, including under Medicare’s enhanced primary care referral scheme, where GPs can refer patients with mental health issues to up to five sessions with a dietitian or physiologist.

But Rosenbaum said the scheme is under-utilised, because of “lack of awareness, training, traditional silos (in health care), and ‘diagnostic overshadowing’”, where people with mental health issues experience delays in diagnosis and treatment of physical illness because their symptoms are seen as mental health issues.

He will outline work recently done in the South East Sydney Local Health District, to be reported in the near future, to develop individual exercise programs and sustainable diets with staff, giving them direct exposure to how interventions can work.

“It’s had a significant effect on the attitudes, confidence and knowledge of the mental health workforce towards exercise and dietary interventions,” he said.

“More importantly, they’ve now embedded these interventions as part of routine care.”

And, he says, there’s nothing that needs to be specially invented or tailored to mental health issues, whether for patients in Sydney or the refugees in Bangladesh.

He said:

“That’s one of the interesting things. Your biceps don’t care what your diagnosis is. The challenge is just getting people moving and finding what they enjoy and how we can support them and build it into their life.

There’s no separate exercise program for schizophrenia or trauma, it’s about finding what they enjoy and what they want to do.”
News from a growing global movement to improve physical health of people with mental illness

Marie McInerney writes:

A team of international health experts has nominated the physical health of people with serious mental health issues as one of the most important priorities for the global mental health agenda.

National Mental Health Commission Advisory Board Chair Lucy Brogden has hailed the priority given to physical health in the special report released last year by The Lancet Commission on global mental health and sustainable development.

Brogden was opening the first national symposium to be staged by the national Equally Well initiative, which was established under the leadership of the Commission in Australia in 2017 to improve the physical health toll experienced by people with mental illness.

She thanked New Zealand Equally Well leaders in the room for having launched the concept in 2014 and for working closely with Australia.

“It truly is ‘from little things big things grow’,” she said yesterday. “We are really seeing a movement take hold in this space.”

Brogden represented Australia on behalf of Health Minister Greg Hunt at the Global Mental Health Ministers forum last October in London, a high-powered event held to mark the release of The Lancet Commission report.
The Commission, which sought to capitalise on the Sustainable Development Goals to consider future directions for global mental health, proposed expanding the agenda from a focus on reducing the treatment gap to improving the mental health of whole populations and addressing gaps in prevention and quality of care.

**Blueprint for action**

The Commission outlines a blueprint for action to promote mental wellbeing, prevent mental health problems, and enable recovery from mental disorders.

The report calls for a re-framed agenda in global mental health, saying that despite substantial research advances showing what can be done to prevent and treat mental illness and to promote mental health, translation into real-world effects “has been painfully slow”.

Its verdict was:

> “The global burden of disease attributable to mental disorders has risen in all countries in the context of major demographic, environmental, and sociopolitical transitions.”

In response, The Lancet Commission’s first call for action is:

> “Mental health services should be scaled up as an essential component of universal health coverage and should be fully integrated into the global response to other health priorities, including non-communicable diseases, maternal and child health, and HIV/AIDS.

> Equally, the physical health of people with severe mental disorders should be emphasised in such integrated care.”

Brogden later told Croakey it had been exciting to have subsequent discussions with representatives of many other countries on the work being done on Equally Well.

It was already underway in the UK, and there was real appetite to take up similar work in Europe and particularly in Africa, and to work out how to leverage good existing physical health models to work with people with mental health as well.

> “We can start to build an integrated model from scratch in some of these (developing) countries while we’re catching up and designing a more integrated model ourselves.”

**Symposium focus**

The Equally Well symposium brought together, for the first time, more than 200 people to look at how to implement the [Equally Well Consensus Statement](#), and how to create a strong platform across the health sector and community to help the physical health outcomes for people with persistent and severe mental health conditions.

Attending the event were clinicians, health service providers, researchers and people with lived experience from across Australia.

Brogden told Croakey the need for action was urgent:

> “The tragic headline is that today in Australia in 2019 someone with severe persistent illness has a life expectancy 24 years shorter than the rest of the population.

> What makes it more tragic is these deaths are preventable if we get in early on both the physical and mental illness. If we tackle them early, we can prevent these early deaths and the onset of more significant illness.”
The “simple premise” for Equally Well is that a person living with severe mental illness should have the same right to physical health as anyone else.

Brogden said that when she says such things outside the health sector “they can’t believe that in 2019 we have to make statements like this – but that is the reality.”

The hope is that powerful reports like that of the Lancet Commission will help to put the issue of physical health outcomes high also on the agenda for the Productivity Commission inquiry into mental health, as well as the Royal Commission into Mental Health in Victoria.

“This is the number one global action for mental health and the governments at that forum all agreed to that,” she said.

Brogden is looking to those inquiries to reveal problems with “culture” in health and mental health in the same way that Royal Commissions have done so into banking and aged care. In response to a question from a delegate, she said the Mental Health Commission also planned to make a submission to the proposed Royal Commission into abuse of people with disability.

She quoted management guru Peter Drucker as saying, “culture eats strategy for breakfast”.

“We can have these beautiful documents, consensus statements that everyone puts their name to, but it’s for naught if in our minds and behaviours we are still doing old practice, old ways, and not embracing a new mindset,” she said.

Bust the silos

She nominated silos in health care as one of the biggest barriers to change and something she knows too well through personal experience, as the wife of former New South Wales Opposition Leader John Brogden.

He experienced a mental health crisis in the full public glare and continues to work as an advocate for mental health and speak openly about the ongoing struggle he faces.

“I can tell you, nothing is more frustrating...(than when) I’m looking at my husband, working hard at recovery and now at risk of diabetes and heart disease, to be told (by a mental health specialist) that (his physical health) is someone else’s problem,” she said.

She later came close to tears when she told delegates that she wasn’t able to stay for the full conference because Brogden was on Thursday turning 50.

“ Forbesomeone who lives with mental illness to get to any birthday is an achievement,” she said. “But to get to 50 is a really big milestone which at times we didn’t think we would get to.”

Look for system change

In a wide-ranging address, Brogden said she tries to frame her work by the Justinian principle: “The wellbeing of the people is to be the highest law.”
“What a great test to apply: (to ask ourselves) ‘Am I enhancing, am I protecting, am I promoting the wellbeing of people or am I actually doing some harm?’”

That question was a big one at the symposium and explored particularly by people with lived experience who say a major contributor to their physical ill health is the use of isolation, restraint and over-medication in their treatments.

So too was concern that implementation of Equally Well strategies may be widely embraced by all those who sign up for it but not put into action.

Brogden finished her address with an appeal for delegates not to get tempted by the “low hanging fruit” but to look for system change.

“We know what the problem is. Often I find in our sector, in our space, we like to keep talking about the problem, identifying the problem, quantifying the problem,” she said.

The symposium was, she said, “an exciting opportunity to move this all forward.”

More from Twitter

[WePublicHealth] Number one global action for mental health brings physical health to the top of the agenda, says @BrogdenLucy #EquallyWellAust

[Dr Carolynne White OT] Pleased to hear that @BrogdenLucy is advocating for greater attention to SDOH in the @healthgovau. #equallywellaust
You can track Croakey’s coverage of the conference here.

News from a growing global movement to improve physical health of people with mental illness

@WePublicHealth · 23h
We know what the problem is: in our sector we like to keep talking about it, these next two days are a great opportunity to move it all forward, says @BrodgenLucy - requires change of practice AND culture #EquallyWellAust - “Culture eats strategy for breakfast”

@WePublicHealth · 13h
Some of the factors contributing to poorer physical health for people with mental health issues - a big equity issue #EquallyWellAust from the National Consensus Statement too equallywell.org.au/wp-content/upl...

WePublicHealth · 23h
For those of us in mainstream, are lots to learn re emotional and social wellbeing from Aboriginal and Torres Strait Islander people, says @BrodgenLucy - she notes there are no Closing the Gap targets for mental health and suicide #EquallyWellAust

WePublicHealth · 23h
The National Mental Health Commission will do consultations and put a submission to Royal Commission into abuse of people with disabilities, confirms @BrodgenLucy at #EquallyWellAust
Lucy Brogden at #EquallyWellAust Symposium on the need for action over priority because priorities can change while action is something we do. And this gem: “If we can’t bring our humanity to our work then we really have nothing to offer”. First... Do No Harm. @VMIAC

Fantastic to hear from @BrogdenLucy at the Equally Well Symposium. Perfect & powerful messages. @EquallyWell_AU #equallywellaust
Watch an interview with Lucy Brogden

You can track Croakey’s coverage of the conference here.

News from a growing global movement to improve physical health of people with mental illness

#EquallyWellAust

Watch an interview with Lucy Brogden

Other news from Twitter

WePublicHealth @WePublicHealth · 24h
And #EquallyWellAust begins with welcome from @rus_i and acknowledgement that we are meeting on the traditional lands of the Wurundjeri people of the Kulin nations

Simon Rosenbaum @simon_rosenbaum · 24h
Great to hear @rus_i opening #equallywellaustr conference and pay credit to pioneers of field including @jackie_currisAU

WePublicHealth @WePublicHealth · 24h
We want to be a gravitational force to influence the Australian mental health ‘system’ so “you and I are equally well”, says @rus_i “The conference is to share, influence and be influenced. #EquallyWellAust

WePublicHealth @WePublicHealth · 24h
#EquallyWellAust marks special moment in time for physical health equality of people with mental health issues, says @rus_i. Been 20 years work to get there, and big recent momentum leading to the National Consensus Statement. “We are part of mental health history.”

WePublicHealth @WePublicHealth · 24h
Important acknowledgement from @Dpeters1977 of people with lived experience of mental health and service provision at #EquallyWellAust: “I really celebrate the diversity of experience and those who are able to use it to inform improvement.”
You can track Croakey's coverage of the conference here.

News from a growing global movement to improve physical health of people with mental illness

Dr Simon Rosenbaum, UNSW

(Read more about his work in this Croakey article previewing the conference).

WePublicHealth @WePublicHealth · 23h
Can exercise improve the physical health of people living with mental illness, asks @simon_rosenbaum "The answer is yes, absolutely. Our biceps don’t care what the DSM diagnosis is." #EquallyWellAust

Dave Peters @Dpeters1977 · 23h
As little as 60 minutes of moderate exercise a week can make a huge difference in preventing future disease as well as symptoms of mental illness, esp Depression. @simon_rosenbaum #EquallyWellAust
You can track Croakey's coverage of the conference here.

News from a growing global movement to improve physical health of people with mental illness

Matthew Bev-Stone Dip HE; PG Dip; MN; Cert Ed @MatthewBev...  · 22h

#EquallyWellAust. Let's do this!

WePublicHealth @WePublicHealth · 22h

Got to move away from weight loss as the motivator and aim for exercise, look to what it means for us, mentally and physically - know the impact of modest impact, says @simon_rosenbaum. "The fitter you are, the longer you live."

#EquallyWellAust

Dave Peters @Dpeterson1977 · 22h

Very clear - the fitter you are, the longer you live! #EquallyWellAust

Dave Peters @Dpeterson1977 · 22h

Not actually talking about Weight loss - exercise & physical activity are most definitely the focus to help prevent heart disease & diabetes. Motivation needs to focus on the other benefits. #EquallyWellAust
News from a growing global movement to improve physical health of people with mental illness

#EquallyWellAust

Croakey
"Conference News Service"
You can track Croakey's coverage of the conference here.

News from a growing global movement to improve physical health of people with mental illness

Watch an interview with Dr Simon Rosenbaum

News from a growing global movement to improve physical health of people with mental illness

#EquallyWellAust

Dave Peters @Dpeters1977 · 23h
The images used in articles promoting physical health & exercise can actually act as a deterrent for people who most need to be more active due to body image & stigma/shame. #equallywellaust

Dave Peters @Dpeters1977 · 23h
Practitioners who change their level of physical activity are more likely to recommend those interventions to their client group. @simon_rosenbaum #EquallyWellAust

WePublicHealth @WePublicHealth · 23h
One mental health staffer quite negative re the lifestyle intervention program, later asked for FitBit, 4 weeks later talking to dietitian; @simon_rosenbaum said had huge effect, obviously will help when he talks to consumers. Some now talk while walking #EquallyWellAust

Dave Peters @Dpeters1977 · 23h
Awesome. 😊 #EquallyWellAust
You can track Croakey's coverage of the conference here.

News from a growing global movement to improve physical health of people with mental illness

#EquallyWellAust

Panel session at #EquallyWellAust in a fantastic room at RMIT

RMIT Social and Global @SGSC_RMIT · 23h
The RMIT Social & Global Studies Centre @SGSC_RMIT are proud co-sponsors of the 2019 Equally Well Symposium #EquallyWell.

Dr Chris Maylea @chrismaylea, symposium organiser & SGSC member, with SGSC Director, Prof Katherine Johnson @ProfKatherineJ, at @EquallyWell_AU @RMIT.
“Diverse collaboratives” are driving efforts to improve physical health of people with mental health conditions

In its early days, a movement in Aotearoa/New Zealand to address the poorer physical health of people with mental health conditions sparked some alarm bells among those with lived experience of mental illness.

However, a national conference heard how these concerns were addressed, reports Marie McInerney, who was covering the Equally Well symposium, held in Melbourne, for the Croakey Conference News Service.

Marie McInerney writes:

As a person with lived experience, Caro Swanson did not need to be convinced that people with mental health conditions suffered poorer physical health than the rest of the population.

“Even when I started using mental health services 30 years ago, we all knew we popped off earlier than most people,” the New Zealand mental health advocate said in a keynote address to the Equally Well symposium.

On one hand, she welcomed moves that began about five years ago in the NZ mental health and addiction sectors to address the number of “untimely and unexpected deaths” occurring among people using their services.
However, she was also uneasy about the development of what became the world’s first Equally Well strategy and collaboration, which looked to address the inequitable physical health toll for people with mental health problems.

She said:

- “I had the scary feeling of stuff being done to and for us, without us.

- I was also worried that we are a group of people who are under intense scrutiny a lot of the time and ‘now you’re going to put the rest of our lives under scrutiny too!’

- Not only do we have to reveal our deepest, darkest (thoughts), not only do they get examined, talked about and judged by people we don’t even know, but now you’re going to start looking at our physical health and make judgements there as well.”

### Treatment side effects

Echoing the experience of many other people with lived experience who spoke at the symposium, Swanson said she had struggled with weight gain as a side effect of both mental health issues and the treatment for those issues, particularly anti-psychotic medication.

“For me, having monthly girth measurements wasn’t going to do anything for my mental health,” she said.

Another concern was whether everyone with serious mental health issues actually wanted to be given an extra 20 years of life.

“I was really concerned that no-one had asked us if we wanted to live the extra years because, to be honest, unless our lives are worth living why would you want that, and some of our decisions about how we live are made on that premise.”

A further worry was what people with lived experience would feel when they heard the statistics: that people using mental health services have more than twice the mortality rate than the general population and that people with experiences labelled as psychosis have more than three times the overall risk of premature death.

“I was really concerned about the impact when people with lived experience suddenly realised this was them, that these awful statistics belonged to them.”

### A champion

Five years on, Swanson is now the principal advisor, mental health and lived experience, at Te Pou o te Whakaaro, a national centre of evidence-based workforce development for the adult mental health, addiction and disability sectors in New Zealand.

She has also been a lived experience champion of Equally Well in New Zealand since its formal inception in 2014.

Her concerns were assuaged, she told the symposium, by what happened when she brought them up with Equally Well pioneer and strategic advisor Helen Lockett.
“Helen listened and took it seriously,” Swanson said.

“That’s when I became a champion. The more we talked together, the more we realised how aligned we were, but also how we could trust each other to have, not quite difficult conversations, but really frank ones, and checks and balances with each other.”

Swanson told Croakey she still holds the concerns to a degree, because there is always a tendency for people “with all the right intentions to patronisingly do the ‘what’s best for you’ thing”.

But she said those concerns have led to a sensitivity about how people might work on Equally Well efforts with people with lived experience and how to send out messages in the right way.

**Consensus statement**

Swanson and Lockett jointly presented at the Equally Well symposium, the first event in Australia to bring together people who have signed up to a **Consensus Statement** aimed at improving the physical health and wellbeing of people living with mental illness in Australia.

Lockett described how New Zealand has led the way on establishing an Equally Well collaborative, seeking to bring together disparate parts of the health sectors – “people effecting change at multiple places in multiple levels” – to work together on both systemic and program level change.

She said the collaboration is now beginning to produce strategic shifts, such as having routine screening of people using mental health or addiction services as a priority area in New Zealand’s **National Diabetes Strategy**.

Another has been having the Heart Foundation recommend cardiovascular screening from the age of 25 years for people with severe mental illness (schizophrenia, major depressive disorder, bipolar disorder, schizoaffective disorder).

This year will see a focus on oral health, on the needs of Maori and Pacifica communities, and in contributing to a high level **review** of New Zealand’s health and disability system that is currently underway, and to the national government’s response to a **major inquiry** into mental health and addiction services.
“We’ve got a groundswell of people (taking action at the local level) but there are some things at a policy and funding level that can make things easier for us,” said Lockett, who works at the not-for-profit Wise Group and is a senior advisor to the Organisation of Economic Cooperation and Development (OECD) and the New Zealand Government.

**Beyond lifestyle drivers**

Lockett and Swanson say an important step in addressing concerns of people with lived experience has been to ensure that Equally Well has not focused on so-called “lifestyle factors” as the drivers of inequity.

Lockett admitted she initially had wanted to include lifestyle issues, given that they were “all over the literature”.

But for Swanson, this focus was part of the stigma, the “patient blaming” that leads to stereotypes in and out of mental health services.

Swanson said:

> “What we showed was, yes, lifestyle choices are part of it, but we all have those and we don’t all make good ones. But there are all these other things that affect (people with lived experience) as well.

> It took the blame off the person and put it where it (belongs), with some of our systems that don’t work well together and with things that were unnoticed before all this.”

Lockett gave as an example the separation of mental health and drug and alcohol addiction services from mainstream health, geographically as well as in funding.

She said:

> “That makes it incredibly difficult, for example, to get early intervention for diabetes if you’re in a mental health or addictions hospital.

> We have a lot to learn about equity and experiences, that whenever there is a group that experiences disadvantage or a lack of power, it’s too easy for the system to blame the person rather than to look at the system.”
So-called ‘diagnostic overshadowing’, where health professionals see all physical health issues through a mental illness lens, is also a big issue to address, as are the social determinants of health, “people living in poorer quality homes, not having a job, not having a high enough income”.

**Diverse collaboratives needed**

The breadth of the contributing factors requires response from a “diverse collaborative” of people across services – from pharmacists and dentists to exercise specialists, cardiovascular specialists and psychiatrists, Lockett and Swanson said.

They offered some tips for building and sustaining such a collaboration:

1. Create a sense of urgency.
2. Involve the people affected from the outset.
3. Help individuals and organisations see how they can contribute.
4. Build a virtual community.
5. Develop distributed leadership.
6. Work with diversity, respect difference.
7. Build understanding and bridges across different sectors.

Love Caro Swanson’s comment: “Monthly girth measurements don’t do anything for my mental health!!” 😞 Health/exercise programs “can have the scary feel of stuff being done to us & for us (by ppl who r good intentioned & well-hearted) but without us.” #EquallyWellAust @VMIAC
Watch this interview with Caro Swanson and Helen Lockett

More reading

About Equally Well New Zealand:

- Equally Well model for collaborative action
- Equally Well consensus position paper
- Equally Well prescribing toolkit
- Understanding health inequities using New Zealand data infographic
- The physical health of people with mental health conditions and/or addiction – Evidence update: December 2017
- Cardiovascular disease risk and management in people who experience serious mental illness: an evidence review (2017)
A Victorian first

Victoria’s Equally Well Framework, the first of its kind in the state, was also launched at the symposium, and lauded for the “unprecedented” level of consultation by government with people using mental health services and their carers.

It includes introductions from the peak mental health consumer and carer groups, the Victorian Mental Illness Awareness Council (VMIAC) and Tandem.

VMIAC CEO Maggie Toko told the symposium:

“We often get to comment on documents like this, and sometimes, our feedback is acted on, (though) often it is not. We never think that’s okay because, after all, these documents are about our lives.

But this is the first time we’ve been asked to write our own section of a formal framework. I think that’s very significant (but) more so because we were never asked to change anything that we wrote. Our contribution was included word for word.”

Launching the framework, Chief Mental Health Nurse Anna Love said it describes a range of initiatives for organisations and clinicians to work in partnership with consumers and carers to discuss physical health in the context of a mental health recovery plan.
“Diverse collaboratives” are driving efforts to improve physical health of people with mental health conditions

#EquallyWellAust
Why the physical health of people with mental illness is a critical human rights issue

The harmful effects of mental health treatments – especially medication but also seclusion and restraint – were much-discussed at a recent symposium seeking to address health inequalities experienced by people with mental health conditions.

Efforts to improve the physical health of people with mental illness must start with changed prescribing practices and ensuring that mental health services comply with international human rights obligations, the Equally Well symposium was told.

The two-day symposium came ahead of a report released in Victoria that urged the state’s Royal Commission into Mental Health to investigate rising rates and duration of seclusion in mental health facilities and a lack of transparent data about how and why seclusion is used at individual facilities across Victoria.

Marie McInerney writes:

“Do you plan on being old?” the former Deputy New South Wales Mental Health Commissioner, Fay Jackson, bluntly asked delegates at the Equally Well symposium in Melbourne.

“I don’t,” she said.

“It’s highly unlikely I’ll make it.”
Jackson, who was diagnosed with depression and hearing voices as a teenager and later with bipolar disorder, asked those in the room aged 57 and over to stand up.

“That’s the age that most of us die at,” she said.

“If you are people with diagnoses like schizophrenia and bipolar, you probably don’t have much time left.”

Jackson told the symposium that when she went onto antipsychotic medications for the first time, she gained 22 kilograms in two months.

“It wasn’t about diet, it wasn’t about eating and drinking too much. It was about nothing other than the medication – that’s what caused it,” she said.

It was an overriding message from many people with lived experience of mental health at the symposium – that they face earlier death and worse physical health not because of their mental health, but due to a range of other factors, including some mental health medications and the discrimination they face in health services and health care.

“I’ve stopped calling it stigma,” Jackson said of how people with mental illness are treated in the health system. “It’s discrimination.”

Leading Victorian mental health advocate Indigo Daya, human rights advisor at the Victorian Mental Illness Awareness Council (VMIAC), echoed Jackson’s concerns.

She told delegates that she had felt uncomfortable, working previously in the public service, when a bunch of colleagues were talking about what they would do when they retired.

She realised it was because she did not expect to live to retirement age.

It was a shocking revelation, “but I know the statistics, the risks for someone like me who has lived for years with antipsychotics, the weight gain associated with that.”

A lot of that reflected the treatment she was given, she said, describing how a psychiatrist had “lied to me by omission” when she was first prescribed antipsychotic medication.

She said:

- “The only thing I was told about side effects was ‘you might gain a bit of weight’.

- I don’t know about you, but gaining 50 kilograms in one year is not what I would call ‘a bit’.

- This is not okay.”

A shared commitment

The symposium brought together, for the first time, organisations and agencies across Australia that have signed up to the Equally Well Consensus Statement, a commitment to improve the physical health of people with mental illness.

Delegates included people with lived experience, clinicians, pharmacists, researchers and service providers.
The statement was initiated in 2017 by the National Mental Health Commission out of growing concern that people living with mental illness have poorer physical health yet receive less and lower quality health care than the rest of the population – and die younger. People with psychosis die 14-23 years earlier than the general population, it says.

Many contributing factors were raised at the symposium, including silos between mental and physical health services, diagnostic overshadowing, ‘lifestyle’ issues like smoking, and socio economic factors such as poverty and precarious housing.

But many speakers with lived experience also highlighted poor mental health treatment and practice as a powerful contributor and breach of human rights.

“Too many of us are disabled when we needn’t be,” said Victorian Mental Illness Awareness Council (VMIAC) CEO Maggie Toko.

Toko urged clinicians and services to cut back prescriptions of multiple antipsychotics at once, to consider lower doses, safer treatment options like therapy, and to start being honest with consumers about side effects and health risks of the treatments they prescribe.

She said:

“Consumers are very clear that the biggest priority are the health problems that are caused by psychiatric treatment, the health problems we wouldn’t have if we hadn’t been to your services, like obesity, diabetes, cardiovascular disease, movement disorders and too much more.

We have the right to know if a treatment will shorten our lives, even if you force us to take it. Leaving us in the dark means that too many people never get the chance to try and improve their health.

If we are ever going to make a difference in the physical health of consumers, it starts with the prescribing practices of psychiatrists.”

Rights and violations

Article 25 of the UN Convention on the Rights of Persons with Disabilities (CRPD) (see pic right) makes it clear what health services should provide to people with mental illness and other disability.

It includes requiring health professionals to “provide care of the same quality” to people with mental illness as to others, including on the basis of free and informed consent.

Co-presenting with Daya at a plenary session on ‘Physical health as a human rights issue’, RMIT mental health law academic Dr Chris Maylea urged mental health services and professionals to adopt “a rights-based approach and critique underpinning the work we do”.

Why the physical health of people with mental illness is a critical human rights issue
He showed a slide comparing the quality of care offered to patients at Melbourne’s Peter MacCallum Cancer Centre, where there was even hairdressing and manicure services, versus the basic services available at most in-patient psychiatric services.

He said:

“We can talk about resource issues but when you deny someone a level of service please look them in the eye and say, ‘because of resource issues I’m violating your human rights’.”

Daya has long been outspoken about the human rights breaches and risks to health of compulsory treatment orders and of the use of seclusion and restraint in mental health care, including she says as punishment, for example for smoking in in-patient services.

She led recent VMIAC research on the use of seclusion in mental health facilities in Victoria, which highlights significantly different rates in services across the state and calls for more transparency and an ultimate end to the practice.

As well as causing significant psychological harm and breaching human rights, the report says seclusion can lead to serious physical harm as was seen in the tragic death of Miriam Merten at the Lismore Base Hospital in northern New South Wales.

Speaking on ABC radio after the release of the seclusion report, Daya blamed “poor culture and a lack of skills” in the mental health sector for high rates of seclusion.

“We see an alarming lack of counselling and therapeutic skills in the mental health workforce at the moment: they don’t always know what to do when someone is in serious distress, so they just lock them up,” she said.

Daya challenged the mental health mantra that compulsory treatment “is done in our best interests”.

“If you think someone lacks the capacity to make their own decision, the answer is not coercion to make decisions on our behalf, the answer is supported decision making,” she said.

“It’s finding what is that support we need to make our own decisions, not to substitute your own decisions for ours.”

Maylea said services that fail to recognise the importance of agency and autonomy will continue to struggle in other efforts to improve the physical health of people with mental illness.

“There is no way someone is going to quit smoking if they don’t feel they have autonomy in their own life. There is no way that someone is going to go to the gym or engage with other health professionals if they don’t feel they are getting dignity from mental health services.

“Human rights aren’t something you can bolt on. If you are doing mental health service provision and you are not maintaining human rights, not upholding dignity and autonomy, you are not doing mental health work.”

Raw honesty

Presenting the closing keynote address to the symposium, Jackson spoke with raw honesty about her experiences in health services.

She talked about the trouble she has to go through to convince each new doctor or specialty to take her physical health seriously, once she has to list her conditions: not just significant mental illness and cancer, but also serious side effects of medication, including often disabling shaking.
“I have so many chronic illnesses that it seems like I’m a hypochondriac,” she said.

She said it was not just her own health that was at risk from poor attitudes to mental health, but that of her family as well.

She talked about desperately taking a sick child a number of times over some days to a doctor who dismissed her concerns as delusional.

It was only when her husband convinced another doctor to act – “Fay is a bit unwell at the moment but she knows our kids” – that their child was admitted to hospital and diagnosed with gangrenous appendicitis.

Jackson urged mental health professionals and policy makers at the symposium to go away and “actually make a difference” as a result of the things they had learnt there.

“This isn’t about your ego or even about your research or about your clinical work, this is about making a difference, a positive difference,” she said.

Supporting healthy decision making

The symposium also heard about a Health Talk Australia project where researchers spoke to 29 people across Victoria from a range of backgrounds who have received various psychiatric diagnoses including psychosis, schizophrenia, bipolar disorder, and depression.

In the videos, interviewees talk about their experiences of diagnosis, medication, hospitalisation, experiences with health professionals, discrimination, personal recovery, and their views about how they could best be supported by health professionals in making decision about treatments and other aspects of their lives.
You can track Croakey's coverage of the conference here.

Via Twitter
Tweeted on 7 April, World Health Day

Dave Peters
@Dpeters1977

1/ Today is #WorldHealthDay and I think it's a great opportunity to shout out the great work being done by @EquallyWell_AU to promote physical health for people like myself living with mental illness. Did you know that, on average, ppl like me have a shorter life expectancy?

2/ This is primarily due to PREVENTABLE physical causes like Cardiovascular disease, stroke & diabetes. You might be looking at my pic (with a very generous belly) & think to yourself 'what right does he have to speak when he's so overweight?'

3/ Well, I take a range of medications both for my mental wellbeing as well as to help with severe & persistent pain. These meds can cause something called 'metabolic syndrome'. Weight gain, slowed metabolism, food cravings, hormonal changes, sexual changes & dysfunction...

4/ These are all just some of the very common side effects caused by psychotropic medications. It's very likely that I'll die before my peers. I may even die before my parents. When I first started the meds, I had no idea they had these effects!

5/ But now that I do know, I'm faced with an option of trying to extend my life, look after my physical health or possibly sacrifice my mental health & wellbeing. What kind of choice is that? Take a look at equallywell.org.au and tell me what you think. Tell your story!
You can track Croakey's coverage of the conference here.

Why the physical health of people with mental illness is a critical human rights issue

Fay Jackson

@WePublicHealth · Mar 28

“It wasn’t about diet, it wasn’t about drinking, it was about nothing other than the medication, that’s what caused it.” @fay_jacksonMH on the physical health impact of mental illness and mental illness treatment. #EquallyWellAust

Indigo Daya @IndigoDaya · Mar 29

Trying to find the right word to describe today’s closing by @Fay_Jackson_MH, had to screenshot the thesaurus. Thank you for so powerfully speaking the hard truth of discrimination. Statistics say I’ve only got 7 years of life left. Gonna use them to truth-tell. #EquallyWellAust

synonyms of inspiring.

- breathtaking, charged, electric, electrifying, exciting, exhilarating, exhilarative, galvanic, galvanizing, hair-raising, heart-stopping, toxicating, kicky, mind-bending, mind-blowing, mind-boggling, roaring, rousing, stimulating, irking, thrilling.

Indigo Daya and Chris Maylea

@CroakeyNews · Mar 28

Now looking at physical health as a human rights issue at #EquallyWellAust with @chrismaylea and @IndigoDaya cc @VMIAC
You can track Croakey’s coverage of the conference here.

Dr Carolynne White OT @Carolynne_OT • Mar 28
Learning about physical health as a human rights issue with @chrismaylea and @IndigoDaya at #EquallyWellAust. Consent to treatment must be free and informed.

Croakey News @CroakeyNews • Mar 28
🎉 Compulsory treatment is not okay. We can’t repeal the Mental Health Act (yet) but at least be honest: if I’d known the side effects of medication I could have tried to mitigate them. 🍃@IndigoDaya

WePublicHealth @WePublicHealth • Mar 28
Indigo Daya talks re talking to public service colleagues about their super. "People like me don’t get to think about retirement. I realised I don’t expect to live to the age when we’re allowed to stop working now. I know the statistics. That’s not okay." #equallywellaust
Why the physical health of people with mental illness is a critical human rights issue

@Judith_Drake2: If we’re treating people differently based on their diagnosis, that’s discrimination! Human rights are not just something you can bolt on... Need to avoid coercion, promote free & informed consent, & use supported decision making.

@IndigoDaya & @chrismaylea: When I was first prescribed antipsychotics, only thing I was told about was side effects, you might gain a bit of weight. Gaining 50kg in one year is not what I would call a bit. That's not okay, says IndigoDaya, EquallyWellAust, humanrights.

@MatthewBeverley: We really do need to think, have we discussed risk fully?

@WePublicHealth: If we can provide manicure and hairdressing services in cancer settings like Peter Mac, we can provide them in mental health or we have to admit we are violating human rights as a result of limited resources.
GP Dr Mark Morgan: For GPs to be part of the solution for reducing medication, needs to be some acknowledgement of who is the main decision maker for that patient. @IndigoDaya indicates ‘the patient’!

#EquallyWellAust

WePublicHealth @WePublicHealth · Mar 27
Urgent need to address impact of medication on #equallywellaust, says @indigodaya. "I hope future confs will have entire steams full of psychiatry practitioners about how they starting to change prescribing practices."

WePublicHealth @WePublicHealth · Mar 27
Takehome messages #EquallyWellAust: @IndigoDaya urges a review of people on compulsory treatment orders, what’s happening with polypharmacy and high doses, what’s the impact on those who are most at risk and have least to say.

Judith Drake @Judith_Drake2 · Mar 27
@IndigoDaya wrapping up Day 1 of #EquallyWellAust - We need to also consider what’s not being said: How pre-existing conditions impact us, the physical health impacts of (unrecognised) trauma, socioeconomic disadvantage & physical harms as a consequence of psych Tx & prescribing.
Maggie Toko, VMIAC

The Vmiac @VMIAC · Mar 27
‘Consumers are clear that the biggest priority are the health problems caused by psychiatric treatment. The problems we wouldn’t have if we hadn’t gone to your service’ – Maggie Toko, VMIAC CEO
@MaggieToko #EquallyWellAust

---

The Vmiac @VMIAC · Mar 28
More tips on Supported Decision Making in #mentalhealth. SDM means upholding rights by supporting people to make their own choices.

Download Supported Decision Making flyer here: vmiac.org.au/blog/supported...

#EquallyWellAust #CRPD

---

Deb @DebTweets_ · Mar 27
#EquallyWellAust Thank you @VMIAC for calling out that often the underlying cause of our physical health problems are the medication we are prescribed.
Hopefully that will underpin the next Equallywell symposium. @EquallyWell_AU
Profiling diverse efforts to improve the physical health of people with mental illness

Eighty key health agencies and organisations have signed the Equally Well Consensus Statement, formally pledging to improve inequalities that lead to poor physical health outcomes for people with mental illness.

These supporters include all jurisdictional health departments, state mental health commissions, medical and nursing colleges, carer and consumer organisations, Primary Health Networks (PHNs), peak bodies and community managed organisations.

The recent #EquallyWellAust symposium in Melbourne sought to highlight efforts to put those commitments into action and find ways to build momentum.

Marie McInerney writes:

Around Australia, strong efforts are being made to improve the physical health of people with mental illness, through changes in clinical practice, policy and education.

A number were showcased at the recent #EquallyWellAust symposium in Melbourne, the first time that agencies and organisations signed up to the 2017 Equally Well Consensus Statement have come together to discuss that commitment.
The event brought together policy makers, academics, clinicians, service practitioners and people with lived experience of mental illness to showcase success and look to identify and address barriers to implementation of Equally Well priorities.

Together they highlighted the need to break down silos between physical and mental health care, to address the stigma that many health professionals still have about mental illness, and to tackle ‘diagnostic overshadowing’, where health professionals see physical health issues only through a mental health lens.

The forum also heard that targeted lifestyle interventions can work for mental health clients and staff, but that a focus on weight alone does not work and is also not fair for so many people with mental illness whose medications promote significant weight gain.

In an interview at the end of the event, Dave Peters, consumer representative and co-chair of the Equally Well Implementation Committee, told Croakey that the forum was an important step in itself, in providing a platform to “normalise” the issue.

But acting on those concerns raised was the critical next step, especially given that Equally Well has just a few paid support staff and is led by people with other day jobs.

“Everyone is really enthusiastic about the need for change but actually making it happen in a deliverable timeframe is the next challenge,” he said.

**Metabolic and medication reviews**

In just six months, a project in regional New South Wales has dramatically increased the numbers of people in community mental health settings who are having regular metabolic and medication reviews. The proportion of patients having these reviews, which check for adverse reactions to medications and treatment, jumped from less than 10 percent to nearly 70 percent.

The project was part of a multidisciplinary effort by the Western NSW Local Health District in Orange to better manage the physical health of patients in the community and avoid acute hospital admissions through better integration of care.

Steven David, the area’s Senior Clinical Pharmacist Mental Health – one of a handful of specialist mental health pharmacists in NSW – said the project arose from growing concern at the significant side effects of antipsychotic medications, notably obesity, diabetes and increased risk of cardiovascular disease.

“We’re treating all these patients for their illnesses by reducing the psychotic symptoms but we’re also killing them slowly through this emergence of these cardiovascular risk factors and diseases,” David told Croakey at the symposium.
Baseline studies found that less than eight percent of community mental health clients had an accurate medication history and less than five percent were documented to have recently had cardiometabolic screening, to look for a cluster of risk factors associated with development of cardiovascular disease, including diabetes, raised cholesterol and high blood pressure.

That was despite strong evidence that people with psychosis face a reduction in life expectancy of up to 20 years compared with the general population.

David told the symposium that the project, Integrative multidisciplinary services: key towards improvement in mental health delivery, brought him together with nurses, social workers, GPs, dietitians, and psychiatrists to try to address gaps in medication and metabolic reviews and between hospital, community mental health and local GP services.

For the 80 clients involved over the six-month project, metabolic and medication reviews rose to 67 per cent, and the project identified 13 medication-related errors and six incidents of adverse drug reactions.

David told of one patient who was being managed on a mood stabiliser and reported in multiple health interactions that she was experiencing worsening myopia.

She had changed her prescription glasses about six times in two years but nothing had been done to investigate why she needed so many replacements – until the project team reviewed her care, highlighted the problem, and gave her different medication “and better quality of life”.

David told Croakey that pharmacists could play a critical role in improving the physical health care of people with mental illness, given their frontline role in taking a history of medications and previous adverse events.

But he said most community pharmacists need more training to be able to identify issues and to address stigma that made many uncomfortable or fearful dealing with people with mental illness.
Psychiatrists as advocates

Psychiatrist Dr Kym Jenkins told the symposium she had received a personal and powerful lesson some years ago on the risks of ‘diagnostic overshadowing’ – where a person with a mental illness receives inadequate or delayed treatment for physical health issues because a health professional attributes their physical symptoms to their mental illness.

Jenkins, president of the Royal Australian and New Zealand College of Psychiatrists (RANZCP), said her mother experienced various mental health issues throughout her life. She said:

“Shortly after my father died her moods seemed to be very flat. She wasn’t able to enjoy anything, she wasn’t smiling when the rest of the family were laughing.

We put it all down to grief and her dipping back down into another episode of depression, until I took her to a GP who, as soon as we walked into the room, said, ‘But your mum’s got Parkinson’s disease!’”

It was, Jenkins said, a huge wake up call.

“Here am I, as a psychiatrist, seeing it through my lens of depression and mental illness, completely missing the fact that my own mum had Parkinson’s Disease.

What a huge bit of diagnostic overshadowing that was.”

Jenkins said the RANZCP realised about five years ago that it needed to play a much larger role in mental health advocacy and one of its first campaigns was about the physical health of people with serious mental illness.

It sought to draw the attention of governments and policy makers to the reduced life expectancy of most people with serious mental health issues, and to work with its own committee and members to drive change in practice, she said.

“I think we have a really important role in addressing stigma, monitoring side-effects of all medications, not just antipsychotics, advocating and helping patients in lifestyle interventions,” she said.

“We need integration and communication with other health practitioners. I can’t underscore that enough, and we need to advocate for systemic change.”
To that end, the college published four reports that documented the issues and economic cost of serious mental illness in physical health terms.

It has also published an expert consensus statement for the treatment, management and monitoring of people with serious mental health illness, and included physical health in new clinical practice guidelines and at Your Health In Mind.

But she agreed with audience members that there was continuing need for system change, including where most public hospital psychiatric appointments last for only 15 minutes.

Similar time and funding pressures and a relative lack of evidence base meant that important ‘talk therapy’, like cognitive behaviour therapy, also did not get prescribed as easily as medication, she said.

Speaking later to Croakey, Jenkins acknowledged grave concerns expressed at the symposium by people with lived experience of mental illness about the impact of mental health medications and treatments on their physical health, and stressed the importance of supported decision-making. She said:

“Whenever considering medication it’s got to be as far as possible a joint decision.

With any intervention in medicine, particularly medication, the patient needs to be fully informed and aware of the pros and cons and benefits and side effects and balancing up the right thing for that person at the right time. And (of) being given options and choices.”

See our interview with Jenkins
Recruiting nurses to the cause

Australia’s 410,000 nurses and midwives should be a priority focus in improving the physical health of people with serious mental health issues, according to Adjunct Associate Professor Kim Ryan, CEO of the Australian College of Mental Health Nurses (ACMHN).

Ryan told the Equally Well symposium nurses and midwives are often the first point of contact for many people with mental health concerns in the health system but are not necessarily alert or skilled to help manage mental health issues.

Ryan is hopeful the current review of registered nurse accreditation standards will strengthen the mental health component of undergraduate studies “so we’ll have all nurses coming out of uni with a better understanding of mental health and the intersection (with physical health for people with serious mental health issues)”.

The ACMHN has also developed a mental health scope of practice for general practice nurses, and introduced five online modules, starting with ‘mental health first aid 1.01’, to help them be more alert to the issues.

“For example, we do know that men over 45 who have a heart attack are going to have an increased risk of suicide that stays high for 12 months,” she said.

“If their GP and practice nurses who are checking their blood pressure don’t know to ask about depression, that’s going to get missed, so it’s really important we get general practice nurses to know about the incidences and be confident to ask the questions and do something with it.”

Since the modules were introduced in July 2018, they have been viewed by more than 4,100 people, enrolled in by 2,000 people and completed by 1500. The College has also developed a physical health care check reminder card to go with the ACMHN’s popular Mental Status Examination (MSE) cards that are attached to ID lanyards and used by mental health nurses, primary care nurses, student nurses and others in their daily practice. More than 5,000 cards have been distributed since October 2018.
Lifestyle interventions

The symposium also heard about a lifestyle intervention program run by the South Eastern Sydney Local Health District (SESLHD) that has reported significant and long-term physical health gains.

Andrew Watkins, co-developer and clinical lead of the Keeping the Body in Mind (KBIM) program, said it emerged out of concern among staff that young people with early psychosis experienced significant weight gain after beginning treatment.

“We were seeing their body shapes changing in a matter of weeks or months,” he said.

Watkins’ first response was to bring in a soccer ball from home and to go down to the local park for a kick with some of the young people, but the program grew. It added first a cooking club, converted a room into a gym, and then developed into a 12-week KBIM program run by a team of four – a clinical nurse consultant, exercise physiologist, dietitian and a peer support worker – which built in evaluation and achieved impressive results.

Where the average weight gain in the first two years of mental health treatment for young people with early psychosis is 12 kilograms, young people in the KBIM program were “weight neutral”, or had no change to their waist circumference, after two years – exceeding the expectations of the team.

“Instead of setting up people at the start of mental health treatment for a lifetime of physical poor health we were actually setting them up for lifetime of healthy living,” Watkins said, noting that the first three months of treatment was the critical time.

Watkins said his hope is that mental health services around the world will sign up to the Healthy Active Lives (HeAL) international declaration, aiming for health care professionals and their organisations to work together to protect and maintain the physical health of young people experiencing psychosis.

But while there is growing evidence of the benefits of programs like KBIM, which is now run by four teams and for adults at the SESLHD, Watkins said traditional “silo” thinking between physical and mental health practice remains a barrier for many services.

To address that, the KBIM team did a staff intervention, called Keeping Our Staff in Mind (KOSIM). It delivered a mini five-week version of the intervention, to try to shift the culture among staff, to give them the confidence to know they could and should intervene on some physical health issues – like a patient drinking two litres of Coke a day – without leaving it to a dietitian or other specialist.

Watkins said staff members’ health improved, and they gained confidence and knowledge about clients’ physical health issues. He said:

"Most important was these staff members now feel this is an important area (of their work).

Culture change is perhaps the hardest part of service delivery. Staff are working in a system where they already feel burdened, so to come in and say ‘we want you to do physical health care as well’ is a massive challenge.”
From Twitter

Dr Carolynne White OT
@Carolynne_OT

Thank you @simon_rosenbaum for advocating for the removal of weight as a primary outcome for measuring the benefits of physical activity. Fitness and supporting people who are inactive, to be more active is more important.

Matthew Beverley-Stone Dip HE; ...
@MatthewBevStone

#EquallyWellAust. Such simple interventions; with such a big impact!
People with mental illness use health services less than the general population - Dr Kim Jenkins, @RANZCP We need to address both mental illness stigma and weight stigma #EquallyWellAust

We know what works, @simon_rosenbaum. Telling someone to go for a walk does not cut it. It doesn’t work for the general population so why would it work for ppl with mental health challenges. #EquallyWellAust

Mark Morgan @RACGP we need to see funding and systems change which supports general practice to address #EquallyWell issues @EquallyWell_AU @EquallyW @RNZCGP #EquallyWellAust
Watch these videos on improving physical health for people living with mental illness

Dr Russell Roberts, from Australia’s Equally Well Implementation Committee, welcomes pioneering New Zealand keynote speakers Caro Swanson (right) and Helen Lockett to the inaugural #EquallyWellAust symposium in Melbourne

People living with mental illness experience much poorer physical health than others, for a range of reasons including their medications, silos between physical and mental health services, stigma and discrimination, and ‘diagnostic overshadowing’.

Journalist Marie McInerney covered the recent #EquallyWellAust symposium which brought together more than 200 representatives of more than 80 agencies and organisations that have committed to the 2017 Equally Well Consensus Statement.

Watch these interviews discussing solutions and barriers that were highlighted at the two-day event in Melbourne.
“It’s not a knowledge gap, it’s an implementation gap”

Mental health services need to provide interventions to improve the physical health of people who live with mental illness “as routine care”, according to Equally Well exercise “ambassador” and keynote speaker Dr Simon Rosenbaum.

Rosenbaum says only about one-third of all Australians are doing enough exercise “and that’s without the additional barriers of living with a mental illness”. The challenge in mental health care is to create “the right culture, services and support”, such as the South East Sydney Local Health District has done to support young people with psychosis.

He said improved physical health of people with mental illness “really is an issue of equality and equity, making sure we meet the needs of people so we can support them to get active.”

“We know what to do, we know how to do it, we just have to make sure we fund it, and actually do it,” he said.

See this earlier Croakey story about his work with mental health consumers in Australia and refugees in Bangladesh.

A PHN asks: how do we make physical health checks routine in mental health?

In a vox pop interview ahead of the symposium, keynote speaker Libby Dunstan, from the Brisbane North Primary Health Network, and her colleagues Kasey McDonald and Cathy Faulkner, talk about why they were attending the inaugural event and what they hoped to take home from it.
In the opening address of the Equally Well symposium, National Mental Health Commission Advisory Board Chair Lucy Brogden hailed the priority given to physical health in the special report released last year by The Lancet Commission on global mental health and sustainable development. See our story here. Brogden later told Croakey:

“The tragic headline is that today in Australia in 2019 someone with severe persistent mental illness has a life expectancy 24 years shorter than the rest of the population. That’s just a tragedy by any strength of imagination. What makes it more tragic is these deaths are preventable.”

In this interview, she talks about how traditional siloed approaches to health care and training are barriers to addressing this profound inequity, and how important also to good care is addressing the social determinants of health, including housing, gender equity, community services and urban design.

Pioneering Equally Well – and addressing consumer concerns – in Aotearoa/New Zealand

Aotearoa/New Zealand pioneers Helen Lockett and Caro Swanson talk about the creation of Equally Well, which was founded in New Zealand in 2014, and the gains made and lessons learnt. They include addressing the concerns that people living with mental illness had in its early days that a new focus on their physical health might represent just another layer of scrutiny and stigma.
“We have a lot to learn about equity and experiences, that whenever there is a group that experiences disadvantage or a lack of power, it’s too easy for the system to blame the person rather than to look at the system,” Lockett said.

They also discuss here how they have built a diverse collaboration in New Zealand that is now beginning to produce strategic shifts in health policy and health care, such as having routine screening of people using mental health or addiction services as a priority area in New Zealand’s National Diabetes Strategy.

See also this story on their joint keynote presentation to the symposium.

Equally Well in the UK

In this 6 minute video recorded for the symposium, Andy Bell, Deputy Chief Executive of the Centre for Mental Health in the UK talks about how the Equally Well movement was formally begun in the UK last year, including through contact with Helen Lockett, one of the pioneers of Equally Well in New Zealand (see interview above).

Other major developments were the publication of a report – Improving the physical health of adults with severe mental illness: essential actions – by the Academy of Medical Royal Colleges and the implementation of the Mental Health Five Year Forward View by the NHS in England.

Bell says Equally Well in the UK works on three core principles: 1. That improving physical health for people with mental illness requires collective action, “it has to be everyone’s business”. 2. That the crucial answers are brought about by shared actions of people with professional expertise and those with expertise from lived experience. 3. That we know what is needed and what works: “All of the solutions, we believe, are being done somewhere by someone” – the aim is to share ideas, insights and understandings to bring about the change.

Medication/side-effects are physical health priorities in mental illness

Maggie Toko, CEO of the Victorian Mental Illness Awareness Council (VMIAC), spoke about the development of Victoria’s Equally Well Framework, which was launched at the symposium and is the first framework of its kind in the state, praising it for the “unprecedented” level of consultation with people using mental health services.

She later talked to Croakey about the physical health priorities for mental health consumers, with over-medication of psychiatric drugs high on the agenda, including lack of consultation about the side effects of medications.
“When I started taking (psychiatric medication), I was 25 kilograms lighter, I didn’t have type 2 diabetes, I didn’t have chronic illnesses, all those things have come on board since I started taking medications,” she said.

“It’s really hard to concentrate on losing weight when you are taking medications that make you eat...slow down your metabolism and slow you down so you are unable to be motivated to do anything, so all those things have to be taken into consideration.”

What should psychiatrists do to improve physical health?

Dr Kym Jenkins, President of the Royal Australian and New Zealand College of Psychiatrists (RANZCP), spoke to the symposium about what psychiatrists need to be doing to better address the physical health inequity experienced by their patients. She said:

“I think we have a really important role in addressing stigma, monitoring side effects of all medications, not just antipsychotics, advocating and helping patients in lifestyle interventions. We need integration and communication with other health practitioners, I can’t underscore that enough, and we need to advocate for systemic change.”

She talked to Croakey on a number of initiatives by the RANZCP to put physical health on the agenda in training, practice and prescribing, and about her own very personal lesson on ‘diagnostic overshadowing’.

Urgent need for medication and metabolic reviews

Steven David, a Senior Clinical Pharmacist Mental Health for the Western NSW Local Health District in Orange, talks about a regional program that, in just six months, dramatically improved metabolic monitoring, medication reviews, and coordination among health services to improve the physical health of people with mental health issues.

The project arose from growing concern at the significant side effects of antipsychotic medications, notably obesity, diabetes and increased risk of cardiovascular disease.

“We’re treating all these patients for their illnesses by reducing the psychotic symptoms but we’re also killing them slowly through this emergence of these cardiovascular risk factors and diseases,” David told Croakey.
Smoking is a social justice issue

Professor Lisa Brophy talks about the potential of involving mental health peer workers to help lift comparatively low rates of quit attempts and successes among smokers with severe mental illnesses.

Brophy, who is Professor of Social Work and Social Policy at LaTrobe University in Melbourne and a Principal Research Fellow at Melbourne University, presented at the Equally Well symposium with Mind Australia peer worker and researcher Nadine Cocks on the Quitlink: A Peer supported Smoking Cessation Research Project.

She later told Croakey that smoking should be seen as a social justice issue for marginalised groups, with a range of social and structural factors involved, including stigma and discrimination, and the costs of nicotine replacement therapy.

Making Equally Well happen, and soon

In this interview at the close of the event, social policy researcher Dave Peters, a keynote speaker, consumer representative and co-chair of the Equally Well Implementation Committee, wraps up #EquallyWellAust and the ongoing challenge for the 80-plus organisations and agencies that have signed up to the Equally Well Consensus Statement.

“Everyone is really enthusiastic about the need for change but actually making it happen in a deliverable timeframe is the next challenge,” he told Croakey.

“Part of it is the normalising of the issue and spreading the awareness that physical health outcomes are so bad for people with long term mental illness – there are many people with mental illness who don’t know that.”

He talked about the importance of bringing together people from across sectors, specialties and experiences of mental illness to discuss the issue, of the need to seriously address the impact of mental health medication and treatment on physical health, and of feeling “invigorated” about the possibility of better physical health outcomes for people living with mental illness.
Tallying up Twitter and other final analytics

This is the final article in our #EquallyWellAust series.

All our interviews from the symposium have been compiled into one playlist. Some were broadcast live on Periscope via Twitter, others were pre-recorded and later uploaded to CroakeyTV on YouTube. As at April 23, they had been viewed a total of 1,511 times across Periscope and YouTube.

Croakey’s live Periscope streaming of key sessions of the symposium had 1,196 viewers.

Symplur analytics for the period of Croakey’s coverage show there were 288 participants on Twitter using the hashtag, sending 2,475 tweets, and creating more than 14.59 million Twitter impressions. Read the Twitter transcript.

---

**The #EquallyWellAust Influencers**

<table>
<thead>
<tr>
<th>Top 10 by Mentions</th>
<th>Top 10 by Tweets</th>
</tr>
</thead>
<tbody>
<tr>
<td>@WePublicHealth 547</td>
<td>@Dpeters1977 456</td>
</tr>
<tr>
<td>@EquallyWell_AU 270</td>
<td>@croakeyblog 380</td>
</tr>
<tr>
<td>@Dpeters1977 250</td>
<td>@WePublicHealth 283</td>
</tr>
<tr>
<td>@rus_I 244</td>
<td>@CMHLCvid 91</td>
</tr>
<tr>
<td>@IndigoDaya 234</td>
<td>@Steph_LifeExpMH 75</td>
</tr>
<tr>
<td>@EquallyWell_AU 214</td>
<td>@rus_I 61</td>
</tr>
<tr>
<td>@CMHLCvid 209</td>
<td>@EquallyW 59</td>
</tr>
<tr>
<td>@VMIAC 165</td>
<td>@MatthewRevStone 40</td>
</tr>
<tr>
<td>@halfrain_105</td>
<td>@mariemcinerney 40</td>
</tr>
</tbody>
</table>

---

**The Numbers**

- 14.591M impressions
- 2,475 tweets
- 288 participants
- 14.59 million Twitter impressions

---

**#EquallyWellAust Participants**

---

**Croakey Conference News Service**

- Reporting by Marie McInerney
- Editing by Melissa Sweet
- Layout and design by Mitchell Ward